

Periodic Reviews of the IFSP

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Who is responsible: Parents, Service Coordinators, Early Intervention Service Providers

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Change Reviews of the Individualized Family Service Plan

There are two types of change reviews, a 'Formal' Change Review and an 'Administrative' Change Review. These reviews are meant to document either changes in information or changes in the needs of the family and child as outlined below.

Formal Change Reviews

A Formal Change Review of the IFSP is required each time any of the following changes are proposed:

- Payor source
- IFSP outcome
- Adding a new service
- Removing an existing service
- Proposed changes in the frequency, intensity, duration, method, or location of an existing service.

Formal Change Reviews require the following of a Service Coordinator:

- Completion of prior written notice.
- Notification of IFSP team members of the time, location, and reason for the meeting. IFSP Team members may participate in the meeting by phone or face to face.
- Provide the family with a copy of the IFSP.

Administrative Change Reviews

Administrative Change Reviews may be used to edit the IFSP only when one of the following types of change is needed:

- Change in Service Coordinator and/or service coordination agency.
- Change in Early Intervention Service (EIS) Provider and/or agency.
- Change "no provider available" to identified EIS provider.

Provide the family with a copy of the updated IFSP.

Procedures for a Six-Month Review of the IFSP

The IFSP must be reviewed every six months after the initial and each annual IFSP. The Service Coordinator will discuss the six-month review meeting with the family and other members of the IFSP team to determine:

- Potential dates for the meeting.
- What progress the child has made since the last review of the plan.
- If there is a need to add or remove any outcomes and/or services currently on the plan.

The 6-month review of the IFSP will be held to review and if needed, modify any of the following:

- Current outcomes.
- Payor source for services.
- Service frequency, intensity, duration, method, or location.

- The service setting for any service previously justified for delivery outside the natural environment.

The Service Coordinator will provide the members of the IFSP team, including the family, with Prior Written Notice of the proposed changes, meeting date, time, and location at least 7 calendar days in advance. The family cannot be requested to waive prior written notice.

The Service Coordinator and family will meet face-to-face for the six-month review of the IFSP. EIS providers of the IFSP team must participate. Options for participation include:

- Attending the meeting.
- Participating by conference call.
- Having a knowledgeable authorized representative attend the meeting or participate in the call.
- Making pertinent records available at the meeting, including a summary of service notes, reports of re-evaluations/assessments, or quarterly progress reports that the Service Coordinator can share with the family and other members of the IFSP team. This option is non-billable for the EIS provider.

If requested by the parent, the following will be included in the meeting invitation:

- Other family members if feasible to do so.
- An advocate or person outside the family.
- Any professionals currently working with the child.

Signature of all participants or documentation of offsite participation is required. The family must be provided with a copy of the IFSP with the changes.

Procedures for the Annual Review of the IFSP

The following activities and forms must be completed within 30 days before each annual review the IFSP:

- Review of Part 2 of the ***Family Guide to the IDEA/Part C System***.
- Written Prior Notice and Meeting Notification
- Consent for Screening, Evaluation, and Assessment
- Annual Screening for Autism Spectrum Disorder
- Consent to Release and/or Information
- Consent to Use Insurance Resources
- Provision of Notice Related to Private Insurance, Medicaid, and System of Payment Policies
- Family Hearing and Vision Questionnaire
- Notice of Collection of Electronic Data
- Primary Health Care Provider Update
- Re-Assessment by each EIS provider on the child's current IFSP
- Annual Evaluation of Eligibility
- Annual Family Assessment
- Annual Child Assessment

Initial Screenings for Autism Spectrum Disorder Negative for Concerns

If the initial M-CHAT, M-CHAT follow-up interview, or STAT were negative for concerns at the time of intake, or was not conducted due to the age of the child at the time of intake, the Service Coordinator will offer the parent an annual screening for ASD or more often if concerns arise.

If the annual M-CHAT is negative for concerns, the Service Coordinator will not take additional action.

If the annual M-CHAT is positive for concerns, the Service Coordinator will refer the child for the for the MCHAT follow-up interview and as needed, the STAT (Screening Tool for Autism in Toddlers and Young Children).

- If the MCHAT follow-up interview or the STAT is negative for concerns, no additional changes are needed in the annual IFSP.
- If the M-CHAT follow-up interview and the STAT are positive for concerns, the Service Coordinator will:
 - o Enter the results of the M-CHAT follow-up interview and the STAT to screening and evaluation sections of BRIDGES.
 - o Add referral for the clinical evaluation for formal diagnosis of ASD to the IFSP.
 - o Add Early Intensive Behavior Intervention (EIBI) services to Planned Services in the IFSP.
 - o Seek IDEA/Part C State Office authorization for initiation of ASD services. See Appendix A for information required to be entered in BRIDGES for IDEA/Part C State Office authorization of ASD services.
 - If the results of the ADOS®-2 are negative for ASD, the Service Coordinator will use the results of current assessments current (within 60) days to review the child's continuing eligibility for IDEA/Part C services and hold a change review of the IFSP to modify/review outcomes related to presumptive eligibility based on a high risk of ASD, and discontinue EIBI services.
 - If the results of the ADOS®-2 confirm a diagnosis of ASD, the Service Coordinator will confirm the child's eligibility for Medicaid as a source of funding for EIBI services. If the child is not eligible for Medicaid, the Service Coordinator will provide the family with information regarding an application for Medicaid eligibility.

The members of the annual IFSP team must include at least the following individuals:

- The parent(s).
- The Service Coordinator assigned responsibility for implementation of the IFSP.
- EIS providers on the IFSP team. Options for participation for EIS providers include:
 - Attending the meeting.
 - Participating by conference call.
 - Having a knowledgeable authorized representative attend the meeting or participate in the call.
 - Making pertinent records available at the meeting, including a summary of service notes, reports of reevaluations/assessments, or quarterly progress reports that the Service Coordinator can share with the family and other members of the IFSP team. This option is non-billable for the EIS provider.

If requested by the parent, the following will be included in the meeting invitation:

- Other family members if feasible to do so.
- An advocate or person outside the family.
- Any professionals currently working with the child.

Required Content of the Annual IFSP

Refer to the section of Procedures for Development of the Initial IFSP for the required content of the annual plan.

In addition to these procedures, the annual review of the IFSP must address:

- The methods used by EIS providers in supporting the family's engagement in service delivery.
- The service setting for any service previously justified for delivery outside the natural environment.

IFSP Consents and Signatures for Formal Change, 6-Month and Annual Reviews of the IFSP

Refer to the section on consents and signatures in the procedure for Development of the Initial IFSP.

Required Activities Following All Reviews of the IFSP

Following an IFSP review, the Service Coordinator is responsible for:

- Identifying EIS providers for any new IDEA/Part C services identified in the IFSP and documenting the chosen EIS provider in the planned services section of the IFSP.
- Notifying the family of the names of the new EIS providers and when they should expect to be contacted to schedule the first visit(s).
- Finalizing the IFSP in BRIDGES within 14 days of the review.
- Ensuring and documenting that the parent has a copy of the completed IFSP.
- Ensuring that the family understands that if the child's or family's circumstances change or there is a payor source change, the parent should contact the Service Coordinator as soon as possible so members of the IFSP team can be notified.
- Ensuring the parent understands they can request an IFSP Change Review meeting at any time.

Appendix A: BRIDGES Requirements for Authorization of ASD Services

Evaluation/Assessment Screen

- Select the domain to add new evaluation.
- Select Service Coordinator Health Summary.
- Select the correct type of evaluation/assessment based on the current IFSP.
- Select the diagnosis Autism Spectrum Disorder (ASD) (Pervasive Developmental Disorder)-F84.0 (choose the diagnosis without the z in front).
- Enter the date of verification as the date the evaluation/screening was done.
- Enter the health status. If the child is found to be at risk or has been diagnosed with an ASD, select major concern.
- Enter the clinical observation which would include date the report was received, what type of assessment was done and the result of that assessment.
- Enter the name of the evaluator who completed the assessment as well as their credentials (Psychologist, Developmental Pediatrician, DDSN Regional Staff, etc.)
- Enter any recommendations from the examiner and any follow up that is to occur.

Screening page (to be completed any time the MCHAT or STAT is completed).

- Enter the date the screening was conducted.
- Enter the informant's name and relationship to the child.
- Enter the type of screening procedure that was used.
- Enter any previous screenings that have been completed.
- Enter the type of autism screening that was completed and the date it was done.
- Enter the screening results.
- Enter any action that is to follow.

Planned Services Screen:

- Enter the **Initial Workshop** by selecting Behavior Identification Assessment (543341)
 - o Agency/Provider: select the contracted agency from the list of providers in BRIDGES that will be providing the workshop.
 - o Method: eval/assess
 - o Intensity: individual
 - o Setting: select the appropriate location where the workshop will take place.
 - o Frequency: 1 x semiannually
 - o Length: 8 hours
This is an estimate of expected time. Payment is a one-time fee, regardless of how many hours of service are provided.
 - o Payor: enter the payor based on the child's resources
 - o Notes: enter any notes that may be appropriate
- Enter the **Reassessment/IFSP team Meeting/consultation** by selecting IFSP team Meeting Participation. (T1024)
 - o Agency/Provider: select the contracted agency from the list of providers in BRIDGES that will be providing the Reassessment/IFSP team Meeting/consultation.
 - o Method: eval/assess
 - o Intensity: individual
 - o Setting: select the appropriate location where the Reassessment/IFSP team Meeting/consultation will take place
 - o Frequency: 1 x Month
 - o Length: 3 hours

This is an estimate of expected time. Payment is a one-time fee, regardless of how many hours of service are provided.

- o Payor: Enter the payor based on the child's resources.
- o Notes: enter any notes that may be appropriate.
- o The start date must be 31 days past the workshop date.

- Enter the **Paraprofessional Treatment** service by selecting Adaptive Behavior Treatment.
 - o Agency/Provider: select the contracted agency responsible for the provision of the services, not the individual who will be providing the hourly therapy.
 - o Method: modeling
 - o Intensity: individual
 - o Setting: select the location where the majority of the paraprofessional treatment will take place.
 - o Frequency: 1 x Month,
 - o Length: enter the number of hours that the IFSP team has approved, not to exceed 80 hours per month.
 - o Payor: Enter the payor based on the child's resources.
 - o Notes: enter names of the individuals providing the hourly services in the notes section.

Appendix B:

Appendix C:

Appendix D:

Appendix E:

Appendix F:

Appendix G:

Appendix H:

Appendix I: